AFN #2015001553 Recorded 07/29/2015 at 10:45 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA

DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## **Notice and Statement of Lien**

Grantor or Debtor:	WESLEY SCOTT GUI	NN		, also known as or
doing business as:	•		4 1	7 A V
	SSN: <u>XXX-XX-3162</u>	DOB: <u>12/13/1963</u>	_FEIN:	
Grantee or Credito	r: The Department of	Social and Health Serv	ices (DSHS	\$).
Legal Description:			<u>ر</u>	
Assessor's Proper	ty Tax Parcel Account	Number:		4
claims that the deb	otor named above owe:	ue, are judgments and s past-due child suppor 195.80 in SKAMA	rt. The Divi	he lien amount. DSHS sion of Child Support County on:
X All real and pe	rsonal property of the o	debtor named above ex	cept Tribal	Trust property.
_		gal Description section		
July 20, 2015		RAUB		) -
DATE		JTHORIZED REPRESENTA VISION OF CHILD SUPPOR		7
(509) 363-5000 TELEPHONE NUMBER		RAUB ERSON TO CONTACT	<del>)</del>	
In reply, refer to ca 959139 179902			000095913900	0373980800000000532502
				FC \/FD, /1 9\

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 1383:07202015/ 959139 / 1383